

# Foster Family Home - Corrective Action Report

**Provider ID:** 2-596463

**Home Name:** Norma Lato, LPN

**Review ID:** 2-596463-18

4334 Puaole Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 3/13/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/13/2021.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present of CG#2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(5)- No completed Alternate Transportation Plan present in the CCFFH binder.

41.(b)(7)- CG#1's TB clearance lapsed on 1/31/2020 and renewed 8/3/2020. CG#2 without TB clearance result present in the CCFFH binder.

41.(b)(8)- CG#1's CPR certification lapsed on 1/2021 and no renewal present in the CCFFH binder. Bloodborne pathogen and infection control certification lapsed on 1/25/2020 for CG#1 and for CG#2, no certification present in the CCFFH binder.

41.(c)- CG#1 was short of 6.5 hours of annual in-service and CG#2 was short of 4 hours.

# Foster Family Home - Corrective Action Report

## Foster Family Home

### Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a)- No monthly fire drills present for the months of January 2020, February 2020, July 2020, August 2020, September 2020, October 2020, November 2020, and December 2020.

46.(b)(2)- CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

## Foster Family Home

### Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medication side effects present in Client #1's binder.

## Foster Family Home

### Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4)- Emergency exit door near the living was obstructed with multiple potted plants on the outside; a wheelchair will not be able to pass through in the event of an emergency/evacuation.

49.(c)(3)- Client #1's window latch was broken and unable to open- fresh air unable to pass through for proper ventilation. Noted an extra regular full sized bed stored inside Client #1's bedroom. Also inside there was a broken closet door inside the clients' bathroom which can possibly fall and injure the clients.

## Foster Family Home

### Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

## Foster Family Home

### Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)- CCFFH's General Liability insurance policy expired on 1/1/2021 and no current renewal present in the CCFFH's binder.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 54.(c)(8) Personal inventory.

Comment:

54.(a)(3)- No list of community resources present in the CCFFH binder.

54.(b)(1)- CG#1's CCFFH binder, Client #1, and Client #2's charts were in disarray which made it difficult and time consuming for CTA Compliance Manager to review.

54.(c)(2)- Client #2's Service Plan expired on October 5, 2020.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- two medications' label did not match the Medication Administration Record(MAR); dose on the bottle was

the second medication's label was

th MD's orders matched the dose of the bottles. March 2021's MAR was last signed on March 10, 2021.

Client #2- One medication dose label did not match the MAR. Medication label was written as and MAR was

MD's order matched the medication's label.

54(c)(6)- No ADLs/Daily Care Flowsheet present in Client #1's chart from October 1, 2020 till March 13, 2021.

54.(c)(8)- No completed Personal Inventory Form present in Client #1's binder.

*Mustel Nakamine*  
Compliance Manager  
*Erica Oat*  
Primary Care Giver  
Date *3/13/2021*  
Date *3/13/2021*

CTA RN Compliance Manager: Maribel Nakamine. RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Norma Lato

(PLEASE PRINT)

CCFFH Address: 4334 Puaole St Lihue Hawaii 96766

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
16.b.5	CG#2 removed as SCG for the home.	4/12/21	Home will notify CMA to train new CG's as soon they are added.
41.b.5	Copy of automobile insurance policy and copy of PCG drivers license placed on CCFFH binder.	3/23/21	PCG will use cell phone and ipad reminder two months before the expiration date. Mark calendar also to check two months before due dates.
41.b.7	PCG#1 Lapsed cannot be corrected. Current TB screening dated 07-30-2020. CG#2 removed as SCG for the home.	4/11/21	PCG will use cell phone and ipad for reminder two months before expiration date. PCG will remind substitutes to obtained TB clearance two months before it expires. Mark calendar also two months before due date.
41.b.8	CPR certification, Bloodborne pathogen and infection control certification placed on CCFFH binder. CG#2 removed as SCG for the home.	3/26/21 3/31/21	PCG will use cell phone and ipad reminder two months before due date. Mark calendar also two months before due date.
41.c	CG#1 6.5 hours of annual in-service completed and placed on CCFFH binder. CG#2 removed as SCG for the home.	4/10/21	PCG will use cell phone, ipad, calendar reminder two months before expiration date.

☒ All items that were fixed are attached to this CAPPCG's Signature: Norma Subia LatoDate: 4/13/21☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel, Nakamine, RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Norma Lato

(PLEASE PRINT)

CCFFH Address: 4334 Puaole St Lihue Hawaii 96776

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
46.a	Lapsed cannot be corrected. Resumed fire drill March 18 2021 by PCG and placed in CCFFH binder.	3/18/21	Marked calendar date for next monthly fire drill, and for every month thereafter.
46.b.2	CG#2 SCG removed from home as substitute CG.	4/12/21	No further action needed.
47.c	List of all medications side effects placed in Client #1 binder/.	3/15/21	Maintained list and add right away if any new medications ordered.
49.a.4	Potted plants removed outside the emergency exit door.	3/13/21	To never put anymore plants on any emergency exit area.
49.c.3	Client #1 window latch fixed. Extra full sized bed removed. Broken closet door inside client's bathroom removed.	3/13/21	Make periodic checks inside the house for any broken areas.
50.a	CG#2 removed as SCG for the home.	4/12/21	No further action needed.
51.a	General Liability insurance policy obtained and placed on CCFFH binder.	3/15/21	To make sure underwriter faxed Policy right away and placed on CCFFH binder.

☒ All items that were fixed are attached to this CAPPCG's Signature: Norma Subia LatoDate: 4/13/21☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Norma Lato

(PLEASE PRINT)

CCFFH Address: 4334 Puaole St Lihue Hawaii 96776

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.a.3	List of community resources obtained and placed on CCFFH binder.	3/18/21	Keep community resource book in CCFFH binder and check for any changes and updates regularly.
54.b.1	CG#1CCFFH binder fixed according to CTA Table of Contents. Client #1 and Client#2 charts arranged as per Case Manager's Table of Contents.	3/14/21	Check CCFFH binder everyday and client's chart everyday.
54.c.2	Service Plan is reviewed by case manager and renewed.	4/11/21	Reminde case manager one month before service plan expires.
54.c.5	Medication discrepancies for client#1 and client#2 were reviewed and fixed.	3/13/21	To always follow the 7 rights of medication administration. Right patient, right drug, right dose, right time, right route, right reason, and right documentation.
54.c.6	ADL's, daily flowsheet in client#1 completed and placed in client's binder.	3/14/21	Document daily on client's chart.
54.c.8	Client#1 Personal inventory completed and placed on client's chart.	4/10/21	Inventory client's belongings upon admission.



All items that were fixed are attached to this CAP

PCG's Signature: Norma LatoDate: 4/13/21

CTA has reviewed all corrected items